The second of th			VINE TO STATE OF THE STATE OF T					The Property of the Section of the S	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 10/517,509				
					g Date	6/13/2005			
For FY 2009					Named Inventor	H.J.T. Coelingh Bennink et al.			
Applicant claims small entity status. See 37 CFR 1.27					niner Name	Samira J	Jean-Louis		
					Art Unit 1617				
TOTAL AMOUNT OF PAYMENT (\$) 1,300.00				Atto	Attorney Docket 0470 - 045922				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
				Small Entity	Small Entity		•		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees 1	<u> Paid (\$)</u>	
Utility	330	82	540	270	220	110			
Design	220	110	100	50	140	70	***************************************		
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0	**************************************		
2 EVOESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
<u>Total Claims</u> -	<u>20 or HP</u>	Extra Clai	ms Fe	ee (\$)	Fee Paid (\$)			ependent Claims	
HP = highest number of	total claims paid	for if greater th	XX		-		<u>Fee (\$)</u>	Fee Paid (\$)	
		-					***************************************		
Indep. Claims -	<u>3 or HP</u>	<u>Extra Clai</u> -		<u>ee (\$)</u>	Fee Paid (\$)				
HP = highest number of			xx reater than 3.						
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under									
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): RCE - \$810; Petition for Two-Month Extension of Time - \$490								1,300.00	
SUBMITTED BY									
Signature	Wil	1/-	La		egistration No. Attorney/Agent)	22,132	Telephone 4	12-471-8815	
Name (Print/Type)								Date June 5, 2009	